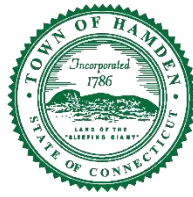


Town of Hamden Bag Ordinance



ENFORCEABLE
September 14th, 2019

Application for 6 Months Deferment

Business Name

Contact Name

Number of Employees

Title

Address

Daytime Phone

Other locations

Email

What type of checkout bags does your establishment currently provide to customers?
Check all that apply:

Plastic Bags ☐

Other: _____

Paper Bags ☐

Approximately how many checkout bags do you provide to customers each month? _____

Please indicate the circumstances that best describes your hardship with the September 14th, 2019 compliance date:

- ☐ Compliance with any subsection of this section would cause significant economic difficulty
- ☐ There is no readily available compliant substitute
- ☐ Application of this ordinance would deprive the applicant of a legally protected right

How many non-compliant bags do you have in stock? (Approximately) _____

Please provide further explanation of the circumstances unique to your business establishment that drives your exemption application: _____

Please return this form to one of the following: 1) Quinnipiack Valley Health District at the address provided below 2) by email: info@qvhd.org or 3) by fax: 203-248-6671



Approved by

Date

Adapted from: BYOGREENWICH

Quinnipiack Valley Health District

A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT

1151 Hartford Turnpike . North Haven . CT . 06473 . tel (203) 248-4528 . fax (203) 248-6671 . www.qvhd.org/BYOHamden